

Agenda Item #: _____

38-1

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: October 18, 2011

Consent Regular
 Workshop Public Hearing

Submitted by: FIRE RESCUE

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) ratify a grant application for firefighting equipment to the U.S. Department of Homeland Security's (DHS) 2011 Assistance to Firefighters Grant program in the amount of \$409,600, with a local match of \$102,400, for a total project cost of \$512,000; and
- B) ratify the Chair's designation of the County Administrator, or his designee (Division Chief Thomas Tolbert), to act as the County's representative for the purpose of electronically signing and submitting the grant application for firefighting equipment via the DHS/FEMA website; and
- C) ratify a grant application for firefighting vehicles to the U.S. Department of Homeland Security's (DHS) 2011 Assistance to Firefighters Grant program in the amount of \$720,000, with a local match of \$180,000, for a total project cost of \$900,000; and
- D) ratify the Chair's designation of the County Administrator, or his designee (Division Chief Thomas Tolbert), to act as the County's representative for the purpose of electronically signing and submitting the grant application for firefighting vehicles via the DHS/FEMA website.

Summary: The 2011 Assistance to Firefighters Grant (AFG) Program is a competitive grant program designed to assist local fire departments in protecting citizens and firefighters against the effects of fire and fire-related incidents. This grant program funds activities such as purchasing firefighting equipment, personal protection equipment, training, firefighting vehicles, and firefighter/first responder safety projects. Fire Rescue submitted two (2) applications under different priorities offered by the program guidance.

If awarded the grant request for firefighting equipment (mobile data equipment), Fire Rescue will use the \$409,600 in federal funding to purchase 160 fully ruggedized, mobile medical clinical assistant units for our Advanced Life Support vehicles. These are handheld computer tablets with touch screens and wireless capability providing an essential tool for quickly conducting patient assessment and related medical functions in a fast and efficient manner, while increasing the accuracy of the data collection during patient contact.

If awarded the grant request for firefighting vehicles (fire boats), Fire Rescue will use the \$720,000 in federal funding to purchase two (2) firefighting watercraft to provide a comprehensive waterborne firefighting/rescue program. This program will have a regional impact as it will be available to assist other response agencies. Currently, the Department provides land-based assistance. This grant funding would give us the ability to deploy firefighting/rescue boats, thereby lifting current restraints when deploying resources to respond to fires involving marine vessels and dock areas, to provide dive rescue, paramedic response, hazardous material, fuel spill and Chemical Biological Radiological Nuclear Explosive (CBRNE) response.

Grant rules require submission of grant applications by electronic format in order to assure an efficient review and competitive scoring of all funding requests submitted under this program. The deadline for submission of this grant application to the grantor agency was 5:00 p.m. on September 23, 2011. Due to the preparation time, submittal deadlines, and BCC meeting dates, the grant had to be submitted prior to full Board approval. Pursuant to Section 309.00 of the Palm Beach County Administrative Code, the Chair approved these grant applications, which now must be ratified by the Board. The grant applications include certifications of compliance with required assurances and certifications, as stated in the application and related program guidance.

Countywide (SB)

[continued on page 2]

Attachments:

- 1. Grant Application for Firefighting Equipment to the US Department of Homeland Security and Related Documentation
- 2. Grant Application for Firefighting Vehicles to the US Department of Homeland Security and Related Documentation
- 3. Approval memo signed by the Chair

Recommended By:  9-20-11
Deputy Chief Date

Approved By:  9-20-11
Fire Rescue Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	*	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes ___ No X

Budget Account No.: Fund _____ Dept _____ Unit _____ Object _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

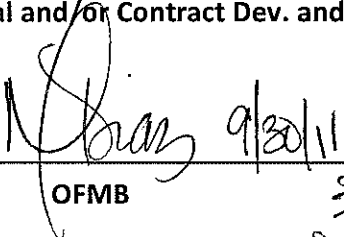
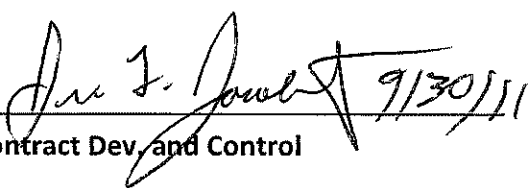
* The submission of this grant application does not have a fiscal impact; however, the grant requires a 20% match in the event of an award. If the application for mobile data equipment is successful, the match requirement will be \$102,400. If the application for firefighting watercraft is successful, the match requirement will be \$180,000. Any matching requirement will be funded from the Fire Rescue Main MSTU (Fund 1300) contingency reserve.

The operating/maintenance cost of each firefighting watercraft is estimated to be \$10,150 annually (funded by the Fire Rescue Main MSTU). Staffing will be implemented using existing personnel and there will be no storage cost as the Port of Palm Beach will provide dockage at no cost.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

 _____ OFMB	 _____ Contract Dev. and Control
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B. Legal Sufficiency:



 Assistant County Attorney

C. Other Department Review:

 Department Director

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.

Continued from page 1:

Background and Justification: The Department is currently using a clipboard and hardcopy process to collect patient data on scene and entering into an electronic database at some point after they return to the station and have computer access. Mobile data units allow personnel to more accurately and efficiently collect patient data at the time of patient contact. Daily operations are positively impacted as personnel will have the ability to: complete multiple forms and data collection requirements from one electronic tablet without handling hard copies or clipboards; eliminate the need for carbon copies since reports can be printed wirelessly at the receiving facility; reduce human error by consolidating reports onto one device; eliminate hard copy storage issues and associated costs; allowing units to return to service faster; and allowing an additional means for quantifying quality assurance. In the event of an award, the \$102,400 matching requirement will be funded from Fire Rescue's contingency reserve.

The Department's current response to fires involving boats, docks and watercraft are limited to shore-based activities and equipment. Fireboats will give the Department the ability to provide a much needed waterborne firefighting/rescue program to the communities in Palm Beach County. This program will improve fireground safety and enhance effectiveness during fires involving marine vessels and dock areas, and give us the ability to deploy personnel for water rescue, dive rescue, paramedic response, hazardous materials and fuel spills, and CBRNE response. In the event of an award, the \$102,400 matching requirement will be funded from Fire Rescue's contingency reserve.

The deadline for submission of this grant application to the grantor agency was September 23, 2011. Due to the preparation time, submittal deadlines, and BCC meeting dates, the grant has to be submitted prior to full Board approval. If awarded this grant, Fire Rescue will submit an agenda item for the grant award and a budget amendment to acknowledge receipt of the funds.

Overview

***Did you attend one of the workshops conducted by DHS's regional fire program specialist?**

No, I have not attended workshop

***Was a workshop within 2 hours drive?**

Yes

***Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?**

Yes, I am a member/officer of this applicant

If you answered No, please **complete** the information below. If you answered Yes, please skip the Preparer Information section.

Fields marked with an * are required.

Preparer Information

* Preparer's Name

* Address 1

Address 2

* City

* State

* Zip

[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a Chief Officer or long time member of the organization who will see this grant through completion. Reminder: if this person changes at anytime during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with you.

Primary Point of Contact

* Title

Division Chief

Prefix (check one)

N/A

* First Name

Thomas

Middle Initial

* Last Name

Tolbert

* Business Phone (e.g. 123-456-7890)

561-616-6938 Ext.

* Home Phone (e.g. 123-456-7890)

561-308-4126 Ext.

Mobile Phone/Pager (e.g. 123-456-7890)

Fax (e.g. 123-456-7890)

561-616-7088

* Email (e.g. user@xyz.org)

ttolbert@pbcgov.org

Contact Information

Alternate Contact Information Number 1

* Title Fire Chief
Prefix N/A
* First Name Steve
Middle Initial
* Last Name Jerauld
* Business Phone 561-616-7001 Ext.
* Home Phone 561-616-7000 Ext.
Mobile Phone/Pager
Fax
* Email sjerauld@pbcgov.org

Alternate Contact Information Number 2

* Title Fiscal Specialist
Prefix N/A
* First Name Michelle
Middle Initial
* Last Name Liska
* Business Phone 561-616-6930 Ext.
* Home Phone 561-616-7000 Ext.
Mobile Phone/Pager
Fax
* Email mliska@pbcgov.org

Applicant Information

* Organization Name	Palm Beach County Fire Rescue
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	County
If other, please enter the type of Jurisdiction	
* <u>Employer Identification Number</u>	59-6000785
* What is your organization's <u>DUNS Number</u> ?	078470481 (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	405 Pike Road
Physical Address 2	
* City	West Palm Beach
* State	Florida
* Zip	33411 - 3815 Need help for ZIP+4?
Mailing Address	
* Mailing Address 1	405 Pike Road
Mailing Address 2	
* City	West Palm Beach
* State	Florida
* Zip	33411 - 3815 Need help for ZIP+4?
* Please describe all grants that you have received from DHS including any AFG grant received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)	2004 AFG for Thermal Imaging Cameras & Chem Monitors 2005 AFG for Thermal Imaging Cameras & Voice Amplifiers 2007 AFG for Thermal Imaging Cameras 2009 AFG for CAD Software and NFIRS Site License
Account Information	
* Type of bank account	Checking
* Bank routing number - <u>9 digit</u> number on the bottom left hand corner of your check	067006432
* Your account number	2155001070034
Additional Information	
* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	No
* Is the applicant <u>delinquent on any Federal debt</u> ?	No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	All Paid/Career
If you answered combination, above, what is the percentage of career members in your organization?	%
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	
* What type of community does your organization serve?	Urban
* What is the square mileage of your first-due response area?	1822
* What percentage of your response area is protected by hydrants?	70 %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	Palm Beach County
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	65 %
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	14 %
* What percentage of your jurisdiction's land is used for residential purposes?	21 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall?	491
* What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u>	807729
* Do you have a seasonal increase in population?	Yes
* How many active firefighters does your department have who perform firefighting duties?	1200
* How many ALS level trained members do you have in your department/organization?	1048
* How many stations are operated by your organization?	49
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident	Yes

Reporting System (NFIRS)?

If you answered yes above, please enter your FDIN/FDID 06301

* What percent of your active firefighters are trained to the level of Firefighter I? 100 %

* What percent of your active firefighters are trained to the level of Firefighter II? 100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds in this application, please describe in the text box to the right your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

Structural Fire Suppression	Emergency Medical Responder	Hazmat Operational Level
Wildland Fire Suppression	Basic Life Support	Hazmat Technical Level
Airport Rescue Firefighting (ARFF)	Advanced Life Support	Rescue Operational Level
	Formal/Year-Round Fire Prevention Program	Rescue Technical Level

* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Palm Beach County Fire Rescue provides Fire and EMS coverage to a population in excess of 800,000 people. Our 1200 firefighters staff 49 stations and run over 113,000 calls for assistance a year. Services provided to our citizens include Hazardous Materials Mitigation, Special Operations, Aircraft Firefighting, ALS/BLS transport, Public Education, Inspections, Investigations, and 9-1-1 dispatching to an additional 10 other communities. Our community includes many miles of Atlantic Ocean coastline, the Intracoastal waterway, Lake Okeechobee, and dozens of lakes and canals. Palm Beach County also contains an International Airport, the Port of Palm Beach, a defense industry manufacturer, several colleges and universities, and a large power generation plant.

Fire Department Characteristics (Part II)

	2010	2009	2008
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	3	1	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	19	23	17
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	82	68	243
* Over the last three years, what was your organization's average operating budget?		266031475	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		69 %	
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	58.2 %		
<u>EMS Billing?</u>	4.3 %		
Grants?	.2 %		
Donations?	0 %		
Fund drives?	0 %		
<u>Fee for Service?</u>	5.9 %		
Other?	31.4 %		

If you entered a value into Other field (other than 0), please explain

Funds carried forward from prior year made up 29.8% of operating budget. Interest income of 1.3% and miscellaneous revenue of .3% made up the rest.

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Palm Beach County Fire Rescue is primarily funded with ad valorem taxes. With recent tax reform measures in Florida, the amount of new funding is limited. In addition, because of current economic conditions, PBCFR has not been able to raise additional funds through property values or tax increases to fund new programs. In fact, PBCFR has seen a steady decrease in the amount of annual revenue being generated because of the need to keep tax rates flat.

* How many vehicles does your organization have in each of the types or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.** (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Total Number of Front line Apparatus	Total Number of Reserve Apparatus	Total Number of Seated Riding Positions
--------------------------	--------------------------------------	-----------------------------------	---

Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint (Aerial device of less than 76 feet), Type I or Type II Engine Urban Interface	44	18	248
Ambulances for transport and/or emergency response	53	18	284
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	4	1	10
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)	5	1	24
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	18	3	42
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	3	0	9
Other: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle, Other Vehicle	42	15	154

Department Call Volume

	2010	2009	2008
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Working Structural Fires	412	452	469
False Alarms/Good Intent Calls	5864	5922	6466
Vehicle Fires	398	399	391
Vegetation Fires	502	678	509
EMS-BLS Response Calls	55317	50546	49797
EMS-ALS Response Calls	36877	33698	33198
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Vehicle Accidents w/o Extrication	3278	3874	3369
Vehicle Extrications	127	184	168
Other Rescue	0	0	0
Hazardous Condition/Materials Calls	1047	1094	1103
Service Calls	5987	5716	5010
Other Calls and Incidents	11094	9765	9067
Total	120903	112328	109547
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	88	50	52
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive mutual/automatic aid?	4	0	5
In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)	64	73	64
Out of the mutual/automatic aid responses, how many were structure fires?	4	6	0

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

No

If you answered Yes to Question 2 above, please explain.

3. Enter Grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

Request Details

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 512,000	\$ 0	View Details View Additional Funding Narratives
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details
* Total Funding for all EMS requested in this application			\$512,000	View Details
Grant-writing fee associated with the preparation of this request.			\$0	

Request Details

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Mobile Data Terminal (MDT)	160	\$ 3,200	\$ 512,000	View Details

Firefighting Equipment - Additional Funding (optional)

Budget Object Class Definitions

	Additional Funding	
a. Personnel	Help	\$
b. Fringe Benefits	Help	\$
c. Travel	Help	\$
d. Equipment	Help	\$
e. Supplies	Help	\$
f. Contractual	Help	\$
g. Construction	Help	\$
h. Other	Help	\$
i. Indirect Charges	Help	\$
j. State Taxes	Help	\$

Explanation

Firefighting Equipment - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

Project Description and Budget

Palm Beach County Fire Rescue (PBCFR) currently has an ongoing project to establish a paperless patient reporting system in the provision of EMS services, and the required mobile communications equipment and mobile data systems are a critical component for successful implementation. Presently our EMS crews rely on a cumbersome method consisting of paper and clipboard at the scene with which to draft an initial report on the patient. A carbon copy is then provided to hospital staff. Afterwards, rescue personnel must utilize their clipboard form as a reference to enter the data into a records management program at their station. This leaves considerable room for error from initial scene assessment to the final report. At times, personnel must transcribe the preliminary paper report more than twice due to physical damage to the report or having to use other papers on which to take notes. Personnel may also rely on memory to store certain details, which may be forgotten by the time they return to the station and are ready for data entry. Furthermore, it creates a paper storage dilemma whereby the paper record must be sent by interoffice mail from station to headquarters to file the ECG strip, privacy notice, patient authorization or refusal. At the present rate of nearly 100,000 medical calls a year with 2 to 3 pages of reports per call, this requires a significant amount of resources for records management. The inefficiency of the existing system would be resolved by the use of the mobile communications equipment and mobile data systems this grant could provide. Regarding HIPAA, the electronic transmission of data via secured wireless connection offers a much greater degree of security. The current methods do not allow for compliance in the field with either the National EMS Information System (NEMSIS) nor the Florida Emergency Medical Services Tracking and Reporting System (EMSTARS).

Additionally, the current system offers no means of quantifying patient care quality. PBCFR's project to improve this system, which includes internally developed software, would utilize the grant funds to purchase the necessary mobile communications equipment and mobile data systems. Specifically, PBCFR will purchase 160 fully ruggedized, mobile medical clinical assistant units for our Advanced Life Support vehicles. The ruggedized mobile data systems are handheld computer tablets with touch screens and wireless capability.

* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

Cost Benefit

The direct financial benefits of these mobile data systems for PBCFR will be evident immediately in two areas: the first is the reduction of expenditures on records management and overtime for personnel who must expend time after late run calls to do data entry. The second will be in the improvement of billing collections. Presently, PBCFR's collection rate is 60%. The current paper driven patient reporting system results in PBCFR being among the last to bill after insurance caps have already been reached. Furthermore, the ability to conduct mobile patient reporting will greatly reduce or eliminate the cost of storing paper ECG and patient authorization forms for seven years and resolve the issue of decaying non-carbon copy paper.

The mobile data systems and supporting mobile communications equipment for on scene electronic patient reporting will also assist in improving response to mass casualty incidents. For example, it will allow PBCFR to use barcode or RFID technology to accurately identify and track patients and patient care throughout the course of the incident.

PBCFR ensured that the hardware offered the best value for the specifications required including IP65 ingress protection from moisture and other elements, allowing safe functionality in rainy conditions and compliance with the Military Standard 810G for shock and drop resistance, temperature extremes, thermal shock, and vibration.

Additionally, it should also be noted that these mobile data systems will enable PBCFR's provision of EMS services to comply with the

National EMS Information System (NEMIS) and the Florida Emergency Medical Services Tracking and Reporting System (EMSTARS). Moving to a fully electronic form of reporting and storage would also improve security regarding HIPAA within PBCFR.

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?
*3000 characters

Statement of Effect

The grant will allow for the implementation of electronic patient reporting in the field by providing the financial resources with which to purchase and roll out the hardware necessary for the project to be realized.

The impact on daily operations within PBCFR will be significant and positive by:

- Allowing personnel to transcribe preliminary reports on one device instead of multiple papers.
- Eliminating carbon copies by allowing for printing at hospital.
- Reducing error by consolidating reports onto one device.
- Eliminating the need to transport paper forms to headquarters for storage and other relevant records management and storage expenses.
- Allowing personnel to utilize travel time from hospital to station to finish reports instead of waiting to return to the station which will result in less overtime spent on late run calls for time spent doing data entry.
- Allowing for greater efficiency in assigning patients to hospitals during MCIs.
- Protecting lives and property by improving availability through reduction of time units spend at the hospital.
- Allowing mobility to provide a better means of quantifying quality assurance by providing personnel with the ability to enter data as it is being collected, thereby improving accuracy.
- Will result in extra training to be provided by PBCFR's Information Technology Division in conjunction with the Training Division, requiring no extra funds.

Palm Beach County Fire Rescue is grateful for the opportunity to present this request for vital Firefighting Equipment which will greatly improve the effectiveness of its fire-based EMS functions.

* Section # 4 In the space provided below include details regarding your organization's request not

covered in any other section. *3000 characters

Additional Information

The mobility offered by this purchase would enable consolidation of data collection at the emergency scene, mobile communication with the hospital, and electronic records storage into one cohesive system. It should be noted that the mobile data systems would allow personnel to instantly retrieve information on current patients from previous interactions which would allow for greater time available for patient care. This also allows for a more accurate tracking and retrieval of patient medical history. Additionally, this system would allow for greater unit availability by clearing hospitals faster and provide personnel with the ability to finish reports before returning to the station. By providing the opportunity to comply with EMSTARS, this mobile communications equipment and mobile data systems will provide a means by which PBCFR can track and measure quality of care in the provision of EMS services.

The value of this equipment in the improvement of fire-based EMS functions would be readily evident due to PBCFR's jurisdiction containing a directly served population of 807,000 with dispatch for an additional 243,374. PBCFR's response area covers 1822 square miles and includes fire and EMS coverage for 18 other municipalities. PBCFR also dispatches and has automatic aid agreements with an additional 10 municipalities.

The age demographic of Palm Beach County lends much to the necessity of such equipment in implementing this project. According to the 2010 census, 47.9% of the population is older than the age of 45, with 21.5% of those individuals being 65 years or older. As such, 77% of PBCFR calls annually, over 92,000 in 2010 alone, are medical in nature.

Palm Beach County Fire Rescue derives its primary revenue from ad valorem taxes. Various tax initiatives at the legislative level, such as 2008's Amendment 1 to the Florida Constitution, combined with a general downturn in economic conditions have resulted in severe limitations on new funding. The prospects for future revenue remain dim which resulted in a failed local proposal to shift taxes simply to preserve revenues at their current levels. The current fiscal situation has also prompted a suburban municipality to merge its fire rescue services into PBCFR with others giving the matter serious consideration. As a county in a state hard hit by the foreclosure crisis, Palm Beach County has an

unemployment rate of 11.7%.

The consequences of not receiving the requested grant would be that funds may not exist to realize the goal of providing mobile communications equipment and mobile data systems for the improvement of PBCFR's fire-based EMS functions, compromising efforts to streamline the system of patient reporting, improve accuracy, and efficiently utilize resources.

EMS Question

From the previous activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application. If none of the items requested are for fire-based EMS, then enter \$0.

\$ (whole number only)

BudgetBudget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 512,000
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 409,600
Applicant Share	\$ 102,400
Federal Rate Sharing (%)	80/20

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 102,400)

a. Applicant	\$ 102400
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget **\$ 512,000**

Narrative Statement

For 2011, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

Assurances and Certifications

Form 20-16A

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or

- financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Thomas Tolbert** on **09/13/2011**

**APPROVED AS TO
TERMS AND CONDITIONS**

By: 
Palm Beach County Fire Rescue

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: 
County Attorney

Form 20-16C**You must read and sign these assurances.**

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity

(Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action
--------	------	-------	-----	--------

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Thomas Tolbert** on **09/13/2011**

**APPROVED AS TO
TERMS AND CONDITIONS**

By: 
Palm Beach County Fire Rescue

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: 
County Attorney

FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

This form is not applicable

Submit Application

Application Area	Status
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

I, Thomas Tolbert, am hereby providing my signature for this application as of 13-Sep-2011.

APPROVED AS TO TERMS
AND CONDITIONS


Palm Beach County Fire Rescue

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


County Attorney

Overview

*Did you attend one of the workshops conducted by DHS's regional fire program specialist?

No, I have not attended workshop

*Was a workshop within 2 hours drive?

Yes

*Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?

Yes, I am a member/officer of this applicant

If you answered No, please complete the information below. If you answered Yes, please skip the Preparer Information section.

Fields marked with an * are required.

Preparer Information

* Preparer's Name

* Address 1

Address 2

* City

* State

* Zip

[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a Chief Officer or long time member of the organization who will see this grant through completion. Reminder: if this person changes at anytime during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with you.

Primary Point of Contact

* Title

Division Chief

Prefix (check one)

N/A

* First Name

Thomas

Middle Initial

* Last Name

Tolbert

* Business Phone (e.g. 123-456-7890)

561-616-6938 Ext.

* Home Phone (e.g. 123-456-7890)

561-308-4126 Ext.

Mobile Phone/Pager (e.g. 123-456-7890)

Fax (e.g. 123-456-7890)

561-616-7088

* Email (e.g. user@xyz.org)

ttolbert@pbcgov.org

Contact Information

Alternate Contact Information Number 1

* Title Fire Chief
Prefix N/A
* First Name Steve
Middle Initial
* Last Name Jerauld
* Business Phone 561-616-7001 Ext.
* Home Phone 561-616-7000 Ext.
Mobile Phone/Pager
Fax
* Email sjerauld@pbcgov.org

Alternate Contact Information Number 2

* Title Fiscal Specialist
Prefix N/A
* First Name Michelle
Middle Initial
* Last Name Liska
* Business Phone 561-616-6930 Ext.
* Home Phone 561-616-7000 Ext.
Mobile Phone/Pager
Fax
* Email mliska@pbcgov.org

Applicant Information

* Organization Name	Palm Beach County Fire Rescue
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	County
If other, please enter the type of Jurisdiction	
* <u>Employer Identification Number</u>	59-6000785
* What is your organization's <u>DUNS Number</u> ?	078470481 (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	405 Pike Road
Physical Address 2	
* City	West Palm Beach
* State	Florida
* Zip	33411 - 3815 Need help for ZIP+4?
Mailing Address	
* Mailing Address 1	405 Pike Road
Mailing Address 2	
* City	West Palm Beach
* State	Florida
* Zip	33411 - 3815 Need help for ZIP+4?
* Please describe all grants that you have received from DHS including any AFG grant received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)	2004 AFG for Thermal Imaging Cameras & Chem Monitors 2005 AFG for Thermal Imaging Cameras & voice amplifiers 2007 AFG for Thermal Imaging Cameras 2009 AFG for CAD Software and NFIRS Site License
Account Information	
* Type of bank account	Checking
* Bank routing number - <u>9 digit</u> number on the bottom left hand corner of your check	067006432
* Your account number	2155001070034
Additional Information	
* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	Yes
* Is the applicant <u>delinquent on any Federal debt</u> ?	No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	
It is anticipated that our organization would begin the procurement of these fire boats as soon as possible after the Grant Award is received. It is therefore likely that more than \$500,000 would be expended during the same fiscal year as the award.	

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	All Paid/Career
If you answered combination, above, what is the percentage of career members in your organization?	%
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	
* What type of community does your organization serve?	Urban
* What is the square mileage of your first-due response area?	1822
* What percentage of your response area is protected by hydrants?	70 %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	Palm Beach County
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	65 %
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	14 %
* What percentage of your jurisdiction's land is used for residential purposes?	21 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall?	491
* What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u>	807729
* Do you have a seasonal increase in population?	Yes
* How many active firefighters does your department have who perform firefighting duties?	1200
* How many ALS level trained members do you have in your department/organization?	1048
* How many stations are operated by your organization?	49
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident	Yes

Reporting System (NFIRS)?

If you answered yes above, please enter your FDIN/FDID 06301

* What percent of your active firefighters are trained to the level of Firefighter I? 100 %

* What percent of your active firefighters are trained to the level of Firefighter II? 100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds in this application, please describe in the text box to the right your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

- | | | |
|------------------------------------|---|--------------------------|
| Structural Fire Suppression | Emergency Medical Responder | Hazmat Operational Level |
| Wildland Fire Suppression | Basic Life Support | Hazmat Technical Level |
| Airport Rescue Firefighting (ARFF) | Advanced Life Support | Rescue Operational Level |
| | Formal/Year-Round Fire Prevention Program | Rescue Technical Level |

* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Palm Beach County Fire Rescue provides Fire and EMS coverage to a population in excess of 800,000 people. Our 1200 firefighters staff 49 stations and run over 113,000 calls for assistance a year. Services provided to our citizens include Hazardous Materials Mitigation, Special Operations, Aircraft Firefighting, ALS/BLS transport, Public Education, Inspections, Investigations, and 9-1-1 dispatching to an additional 10 other municipalities. Our community includes many miles of Atlantic Ocean coastline, the Intracoastal waterway, Lake Okeechobee, and dozens of lakes and canals. Palm Beach County also contains an International airport, the Port of Palm Beach, a defense industry manufacturer, several colleges and universities, and a large power generation plant.

Fire Department Characteristics (Part II)

	2010	2009	2008
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	3	1	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	19	23	17
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	82	68	243
* Over the last three years, what was your organization's average operating budget?		266031475	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		69 %	
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	58.2 %		
<u>EMS Billing?</u>	4.3 %		
Grants?	.2 %		
Donations?	0 %		
Fund drives?	0 %		
<u>Fee for Service?</u>	5.9 %		
Other?	31.4 %		

If you entered a value into Other field (other than 0), please explain
 Funds carried forward from prior year made up 29.8% of operating budget. Interest income of 1.3% and miscellaneous revenue of .3% made up the rest.

Palm Beach County Fire Rescue is primarily funded with ad valorem taxes. With recent tax reform measures in Florida, the amount of new funding is limited. In addition, because of current economic conditions, PBCFR has not been able to raise additional funds through property values or tax increases to fund new programs. In fact, PBCFR has seen a steady decrease in the amount of annual revenue being generated because of the need to keep tax rates flat.

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

* How many vehicles does your organization have in each of the types or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Total Number of Front line Apparatus	Total Number of Reserve Apparatus	Total Number of Seated Riding Positions
--------------------------	--------------------------------------	-----------------------------------	---

Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint (Aerial device of less than 76 feet), Type I or Type II Engine Urban Interface	44	18	248
Ambulances for transport and/or emergency response	53	18	284
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	4	1	10
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)	5	1	24
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	18	3	42
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	3	0	9
Other: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle, Other Vehicle	43	15	154

Department Call Volume

	2010	2009	2008
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Working Structural Fires	412	452	469
False Alarms/Good Intent Calls	5864	5922	6466
Vehicle Fires	398	399	391
Vegetation Fires	502	678	509
EMS-BLS Response Calls	55317	50546	49797
EMS-ALS Response Calls	36877	33698	33198
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Vehicle Accidents w/o Extrication	3278	3874	3369
Vehicle Extrications	127	184	168
Other Rescue	0	0	0
Hazardous Condition/Materials Calls	1047	1094	1103
Service Calls	5987	5716	5010
Other Calls and Incidents	11094	9765	9067
Total	120903	112328	109547
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	88	50	52
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive mutual/automatic aid?	4	0	5
In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)	64	73	64
Out of the mutual/automatic aid responses, how many were structure fires?	4	6	0

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Vehicle Acquisition

2. Will this grant benefit more than one organization?

Yes

If you answered Yes to Question 2 above, please explain.

These units will fill a large gap in the ability to provide waterborne response services across the region. Currently, no other fire department in the area has the capability to quickly deploy watercraft for rescue, firefighting, or CBRNE response. As a participant in the Regional Domestic Security Task Force (RDSTF), these units will enhance our supporting role in this group.

3. Enter Grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

Request Details

The activities for program **Vehicle Acquisition** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Vehicle Acquisition	2	\$ 900,000	\$ 0	View Details View Vehicle Inventory View Additional Funding Narratives
* Total Funding for all EMS requested in this application			\$0	View Details
Grant-writing fee associated with the preparation of this request.			\$0	

Request Details

Below is a list of items included in your application. Click the *Add Vehicle* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column.

Vehicles

Item	Total Cost	Action
Fire Rescue/Boat	\$ 450,000 View Details	
Fire Rescue/Boat	\$ 450,000 View Details	

Vehicle Details

- *1. What type or class of vehicle will you use the grant funds to purchase? Fire Rescue/Boat
- Please provide further description of the item selected above or if you selected Other above, please specify. Approximately 30' firefighting and water rescue boat.
- *2. Cost: (whole dollar amounts only) \$ 450000
- *3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards? New (never owned before)
- *4. What is the age of the vehicle being replaced? N/A
- *5. What is the newest (age) vehicle you currently own in the class you are purchasing? N/A
- *6. How old is the oldest (age) vehicle you own in the class you are purchasing? N/A
- *7. What is the average age of all vehicles in your fleet? N/A
- *8. Do you have a formal driver-training program? Yes
- If not, will you be requesting funding under this application for driver training or will you obtain the appropriate training through other sources?
- If you answered NO will you develop one prior to receipt of the vehicle per the program guidance?
- *9. Is the vehicle you propose to buy: First-time purchase for the existing mission (do not currently own)
- *10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use? N/A - First Time Purchase
- *11. Does the vehicle you are replacing have an open cab configuration? N/A - First Time Purchase
- *12. If awarded, will you permanently remove this substandard vehicle from service? N/A - First Time Purchase
- If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year model & VIN number.
- *13. How long have you owned the vehicle you are replacing? Years (whole number only) N/A
- *14. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2010 (documented through vehicle or dispatch logs)? (whole number only) N/A
- *15. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations. Yes
- *16. Will this vehicle be used for automatic and/or mutual aid? Both
- *17. What percentage of your annual budget goes to vehicle replacement? 3 (0-100%)

Close Window

Vehicle Details

- *1. What type or class of vehicle will you use the grant funds to purchase? Fire Rescue/Boat
- Please provide further description of the item selected above or if you selected Other above, please specify. Approximately 30' firefighting and water rescue boat.
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- *16. Will this vehicle be used for automatic and/or mutual aid? Both
- *17. What percentage of your annual budget goes to vehicle replacement? 3 (0-100%)

Vehicle Inventory

* If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.

Type or Class	Quantity	Oldest (age)	Newest (age)	Average age
Engines (or Pumpers)	62	1998	2009	2003
Ambulance	71	2000	2010	2006
Tankers	5	1994	2007	2002
Aerial Apparatus	6	2002	2010	2005
Brush/Quick attack	21	1994	2007	1998
Rescue Vehicles	3	2001	2002	2002
Other Vehicles	58	1999	2011	2006

Firefighting Vehicle - Additional Funding (optional)

Budget Object Class Definitions

	Additional Funding	
a. Personnel	Help	\$
b. Fringe Benefits	Help	\$
c. Travel	Help	\$
d. Equipment	Help	\$
e. Supplies	Help	\$
f. Contractual	Help	\$
g. Construction	Help	\$
h. Other	Help	\$
i. Indirect Charges	Help	\$
j. State Taxes	Help	\$

Explanation

BudgetBudget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 900,000
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 720,000
Applicant Share	\$ 180,000
Federal Rate Sharing (%)	80/20

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 180,000)

a. Applicant	\$ 180000
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget **\$ 900,000**

Firefighting Vehicle - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

Project Description

Palm Beach County Fire Rescue (PBCFR) is requesting funding from the Assistance to Firefighters Grant Program. The associated activity under this program is the acquisition of watercraft to provide a comprehensive waterborne firefighting /rescue program. The program will have a regional impact as it will be available to assist other response agencies. A comprehensive waterborne firefighting /rescue program will allow the department to provide a much needed capability to the communities in the area.

Palm Beach County Fire Rescue is a full service regional organization that provides regional services to a population in excess of 807,000 people, and provides dispatch services to fire departments that serve an additional 243,000. Our 1,200 personnel work out of 49 fire stations and cover a response area of 1,813 square miles which includes 18 municipalities and portions of Martin County. The department provides automatic and mutual aid to other departments and agencies. Our agency also participates in the Regional Domestic Security Task Force and through it has an active role in the region. Services provided include fire protection, emergency medical services, Advanced Life Support transport, regional hazardous materials mitigation, technical rescue, dive rescue, aircraft rescue firefighting, 9-1-1 dispatching, community education, fire safety inspections, arson investigation, and building plans review.

One of Palm Beach County's main characteristics is the composition of lowlands with the Atlantic Ocean to the East, and Lake Okeechobee to the West. Because of the geographic makeup of South Florida, water is everywhere. Listed below are water facts about Palm Beach County:

- 48 Miles of Atlantic Ocean coastline and 48 Miles of Intracoastal Waterway connected to 4 Ocean inlets.
- 29 miles of Lake Okeechobee coastline.

- Approximately 800 hundred miles of canals, and 412 square miles of water.
- There have been 163 total drowning deaths in Palm Beach County since Jan 1, 2008. Of those deaths, 79 were in canals, lakes, ponds or the Intracoastal Waterway. There were 31 "car in canal deaths" in this period. These statistics do not include ocean or pool drowning fatalities.
- The Port of Palm Beach is the fourth busiest container port in Florida and the eighteenth busiest in the continental United States. The Port of Palm Beach also serves approximately 550,000 cruise passengers yearly.

* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

Cost / Benefit

Palm Beach County Fire Rescue is primarily funded with ad valorem taxes. With tax reform initiatives mandated by State legislation, the amount of new funding is limited to the taxes generated from new construction plus a percentage equal to the increase in "Average Per Capita Income". In FY 2010 the Department was impacted by a state constitutional amendment doubling the homestead exemption which will result in lower property tax assessments. These tax reform initiatives together with a downturn in the economy severely limit the availability of new funding for program improvements. In addition to tax revenue losses, high foreclosure rates and reduced tourism have negatively affected the local economy contributing to the economic downturn. The jobless rate in Palm Beach County is currently 11.2% which is 2% above the national average. The total grant requested is in the amount of \$900,000.00 to fund two functionally outfitted firefighting / rescue boats approximately 30 feet in length. The pricing was derived from the averages of three quotes from recognized manufacturers of similar watercraft utilized by other Fire Departments around the country. The costs of staffing, training and maintenance will be transferred from other areas of the department not resulting in an increase to our normal operating budget. A comprehensive waterborne firefighting /rescue program will fill a large gap in the ability to provide and improve services, and should significantly improve the ability of our personnel

to affect services, helping to reduce loss of life and property. The waterborne response program will provide benefits in several areas as follows:

- Improve fireground safety during fires involving marine vessels and dock areas.
- Enhance the effectiveness during operations involving marine vessels and dock areas.
- Ability to deploy personnel for water rescue, dive rescue, paramedic response, hazardous materials and fuel spills, and CBRNE response.
- Provides a waterborne platform for assistance to other agencies when the response mission has ceased and the transition to recovery has started.

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?
*3000 characters

Statement of Effect

The existing mission of fighting fires involving boats and dock areas has been a land based effort in the past. Our water rescue deployments have also been limited to shore operations reducing effectiveness and positive outcomes. The deployment and use of these firefighting / rescue boats will improve the success and safety of firefighting and rescue operations by providing adequate service delivery methods rather than be constrained to only land based tactics.

The department intends to keep these assets deployable and serviceable for the long term such as normal fire apparatus. Our department is willing to accept a partial award considering that even one of these watercraft will fill a need, improving service to the community and providing a safer waterborne firefighting / rescue environment for our personnel.

* Section # 4 In the space provided below include details regarding your organization's request not covered in any other section. *3000 characters

Additional Information

The timeline for implementation of this program will be within one year of receiving the grant award. This timeline takes into account the issuance of contracts with the selected vendors, the training and equipping of response personnel, and the successful implementation of the program.
Palm Beach County Fire Rescue is grateful for the generosity for aiding in the purchase of this

essential equipment to implement a comprehensive waterborne response program.

Narrative Statement

For 2011, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

Assurances and Certifications

Form 20-16A

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or

- financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Thomas Tolbert on 09/08/2011

APPROVED AS TO
TERMS AND CONDITIONS

By: 
Palm Beach County Fire Rescue

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
County Attorney

Form 20-16C**You must read and sign these assurances.**

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity

(Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action
--------	------	-------	-----	--------

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Thomas Tolbert** on **09/08/2011**

**APPROVED AS TO
TERMS AND CONDITIONS**

By: 
Palm Beach County Fire Rescue

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: 
County Attorney

FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

This form is not applicable

Submit Application

Application Area	Status
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.


This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

I, Thomas Tolbert, am hereby providing my signature for this application as of 09-Sep-2011.

APPROVED AS TO TERMS
AND CONDITIONS


Palm Beach County Fire Rescue

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


County Attorney



Fire Rescue
 Chief Steven B. Jerauld
 405 Pike Road
 West Palm Beach, FL 33411
 (561) 616-7000
 www.pbcgov.com

**Palm Beach County
 Board of County
 Commissioners**

- Karen T. Marcus, Chair
- Shelley Vana, Vice Chair
- Paulette Burdick
- Steven L. Abrams
- Burt Aaronson
- Jess R. Santamaria
- Priscilla A. Taylor

County Administrator

Robert Weisman

TO: Honorable Karen T. Marcus, Chair
 and Board of County Commissioners

FROM: Steve Jerauld, Fire Chief
 Palm Beach County Fire-Rescue

DATE: September 15, 2011

RE: 2011 FEMA Assistance to Firefighters Grant Program –
 Two Applications

Pursuant to Section 309.00 of the Palm Beach County Administrative Code and PPM#CW-F-003, your signature is required for Fire Rescue's two grant applications to the Federal Emergency Management Agency's, Department of Homeland Security (DHS) 2011 Assistance to Firefighters Grant Program (grant applications attached). The applications are due to DHS not later than September 23, 2011 and the required method for grant submission is electronically through the DHS Web Site. The Program Guidance is also attached for your review.

As part of your authorization on these grants applications, Fire-Rescue is requesting that you designate Division Chief Tom Tolbert, through the County Administrator, to act as the County's representative for the purpose of electronically signing the grant applications on-line.

The marine vehicle grant application is for a total of \$900,000, of which Palm Beach County Fire Rescue will be responsible for 20%, which is \$180,000. The second application, for mobile data tablets, is for a total of \$512,000, of which Palm Beach County Fire Rescue will be responsible for 20%, which is \$102,400. Staff will submit this item for ratification on the Board's October 4, 2011 County Commission Agenda.

Reviewed by: Sharon Burton 9/15/11 [Signature] 9/14/11
 Asst. County Attorney Date OFMB Date

Approved by: [Signature] 9/18/11
 Karen T. Marcus, Chair Date

Pursuant to Section 309.00 of the Palm Beach County Administrative Code, I hereby designate Division Chief Tom Tolbert to electronically submit, on-line via the DHS website, the attached applications for the 2011 Assistance to Firefighters Grant Program.

Approved by: [Signature] 9/16/11
 Robert Weisman, County Administrator Date

"An Equal Opportunity
 Affirmative Action Employer"

